

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

DEC 21 1950

State File No. **40517**

BIRTH NO. _____ REG. DIST. NO. **382** PRIMARY REG. DIST. NO. **4228** Registrar's No. **34**

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) | |
| a. COUNTY Howard | b. CITY (If outside corporate limits, write RURAL and give township) Glasgow | a. STATE Missouri | b. COUNTY Howard |
| c. LENGTH OF STAY (In this place) Life | d. FULL NAME OF HOSPITAL OR INSTITUTION | c. CITY (If outside corporate limits, write RURAL and give township) Glasgow | d. STREET ADDRESS (If rural, give location) 1450 |

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|--|-------------------------|-----------------------|--|--|--|
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | |
| a. (First) Thomas | b. (Middle) Todd | c. (Last) Hall | (Month) (Day) (Year) Dec. 12, 1950 | | |
| 5. SEX Male | | | 6. COLOR OR RACE White | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | | 8. DATE OF BIRTH Jan. 18, 1885 | | |
| 9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Agent | | | 10. AGE (In years last birthday) 65 | | |
| 10b. KIND OF BUSINESS OR INDUSTRY Railroad | | | 11. BIRTHPLACE (State or foreign country) Missouri | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

| | | | |
|---|--|---|--|
| 13a. FATHER'S NAME Julius A. Hall | | 13b. MOTHER'S MAIDEN NAME Elizabeth Beverly Virginia Meyer Hall | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Mrs. Thomas Hall | | ADDRESS Glasgow Mo | |

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|--|--|---|--|---|--|
| 18. CAUSE OF DEATH | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| Enter only one cause per line for (a), (b), and (c) | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis | | Instantaneous | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | |
| | | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| | | DUE TO (b) | | | |
| | | DUE TO (c) | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | 4201 | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? | |
| | | | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

| | | | | | |
|--|--|--|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from 12-12, 1950, to 12-12, 1950, that I last saw the deceased alive on 12-12, 1950, and that death occurred at 1:28 p.m., from the causes and on the date stated above.

| | | |
|--|---------------------------------------|---|
| 23a. SIGNATURE J. W. Gardner, M.D. | 23b. ADDRESS Glasgow Mo | 23c. DATE SIGNED 12-13-50 |
|--|---------------------------------------|---|

| | | | |
|--|---------------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec. 14, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Washington | 24d. LOCATION (City, town, or county) (State) Glasgow Mo |
|--|---------------------------------------|---|--|

| | | | |
|--|--|---|--|
| DATE REC'D BY LOCAL REG. Dec. 13, 1950 | REGISTRAR'S SIGNATURE Walker Audsley | 24. FUNERAL DIRECTOR'S SIGNATURE Walker Audsley | ADDRESS Fremont Glasgow Mo |
|--|--|---|--|

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-20-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-20-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Licensed Embalmer No. 3978

P. O. Address Glasgow, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.